

## STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

PLEASE PRINT

	A DOLLOW & EXELLE		KECEIVED
I. Name of Lobbyist	i(s) James P. Monahan ; Susan H. Paschell		NOV 0 2 2018
-	's partnership, firm or corporation, if any:		NEW HAMPSHIRE DEPARTMENT OF STATE
The Dupont Group			
(Name of partnership, firm	or corporation)		
114 N Main St. Suite	e 401 Concord, NH 03301		
	(Town/City) (State) (Zip Code)		
(603 )228-3322	(603) 228-0713	e-mail <u>jmonahan@dupon</u>	taroun com
(Telephone)	(Fax)	C man Imonananacaupon	<u></u>
expense transaction	covers: (Choose one – file separate reports for easy which are not attributable to any one client).  Transactions occurring in the month prior to the reports.	,	
Innocence Project			
<u>OR</u>	(Full Name of Client as it appears on the	: Lobbyist Registration Form)	
All reportable tranto any particular clier	nsactions by the lobbyist (including the lobbyist's fat.	family), or the lobbying firm l	listed below which are unrelated
IV. Date of Report Reports cover	April 25, 2018	July 25, 20 activity from 4/1/18	
	October 31, 2018 X activity from 7/1/18 to 9/30/18	January 30, activity from 10/1/18	
	no fees received and no reportable transactions, complete just this form and submit it to the Secret		
VI. Check if addition If you have receive	nal reports are attached: ved fees or made expenditures, you must file Adder	ndum A- Fees and Expenses	
☐ If you have paid a Reimbursement	an honorarium or reimbursed expenses, you must fi	ile Addendum B- Report of H	Ionorariums or Expense
☐ If you, your firm,	or your family has made political contributions, yo	ou must file Addendum C- Po	olitical Contributions.
	ffirmation by Lobbyist RSA 15-B and RSA 664 and hereby swear or affirm e and belief.	n that the foregoing informati	on is true and complete to the
a h			
		40/44/4040	
(Signature of lobbyist)		10/31/2018 (Date)	· · · · · · · · · · · · · · · · · · ·
James P. Monahan (Print Name of lobbyist)			



## STATE OF NEW HAMPSHIRE Lobbyist Fees and Expenses Addendum A

(RSA Chapter 15:6

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NEW HAMPSHIRE DEPARTMENT OF STATE

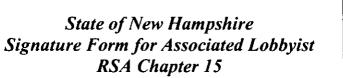
I. Name of Lobbyist(s)	
James P. Monahan ; Susan H. Paschell	<u> </u>
II. Name of lobbyist's partnership, firm or corporation, if any:	
The Dupont Group	
(Name of partnership, firm or corporation)	
III. Name of Client Innocence Project Date 10/31/2018	8
IV. Fees Received Indicate the gross amount of all fees received from the client identified above t including fees for services such as public advocacy, government relations, or p legislation, and related legal work. The gross fee amount reported shall not be	ublic relations services including research, monitoring
a) Total of all fees received in this reporting period	a) \$1,750
b) Total of all fees received this calendar year, prior to this reporting period	b) \$21,000
(This should equal the total of all prior monthly reports for this calendar year)	
c) Total of all fees received to date (Add lines a and b)	c) <b>\$22,750</b>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) <b>\$0</b>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report reports are to be filed for expenditures made relative to each client and if expenditures are to be filed for expenditures made relative to each client and if expenditures are to be filed for the lobbyist(s)/fir categories of expenses: (a) the aggregate total of all expenses paid during the roffice expenses; (b) the aggregate total of all individual expenses where the expurchased during a business lunch where the cost was \$25.00 or less, purchase the person being lobbied, purchase of a ceremonial object given to a person be itemized statement of each individual expenditure made during this reporting provered by (a) (for example: purchase of a meal with value of greater than \$25 subject of lobbying with a value greater than \$25, but not greater than \$50, rest for honorariums, expense reimbursement, or political contributions will be reported and the province of the pro	m. Expenses are to be reported in one of three reporting period for salaries, benefits, support staff, and penditure was of \$25.00 or less (for example: meals of a pen with a value of less than \$10 that is given to sing lobbied with a value of \$25.00 or less); and (c) an period of greater than \$25.00 for any purpose not be purchase of a ceremonial object to be given to the staurant expenses for a legislative reception). Expenses
a) Total aggregate expenses for this reporting period for salaries, benefits,	

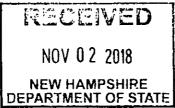
a) \$ \_\_\_\_\_

support staff, and office expenses, related directly or indirectly to lobbying.

b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$
d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from lowhom paid or to whom charged.	•
Paid to: Amount:	
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the best of my knowledge and belief.	
J. The	
(6) (10/31/2)	018
(Signature of lobbyist) (Date)	
James P. Monahan	
(Print Name of lobbyist)	

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Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirm Statement of Income and			
Name of Lobbying partne	rship, firm, or corporation	on: The Dupont G	roup
Name of Client (leave bla	nk if Statement is for the	e partnership, firm, or corpor	ation and not related to any particular
client): Innocence Proje	ect		
Date of Report (check on	e):		
April 25, 2018 🔲	July 25, 2018 🗆	October 31, 2018 X	January 30, 2019 🔲
following Addendums sub	omitted with that Stateme	ent (insert the number of Ad	dendum forms being submitted):
_Addendum A(s).			
0 Addendum B(s).			
0Addendum C(s).			
the best of my knowledge	and belief.	ation on the Statement and e	ach Addendum is true and complete to
pusant. P.	aschell		
(Signature of lobbyist)			<del></del>
(Signature of 1000yist)		(Date)	
Susan H. Paschell		<u></u>	
(Print Name of lobbyist)			